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The 1960s baby boomers: future needs and preferences

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Manuscript ID	WWOP-07-2017-0017
Manuscript Type:	Research Paper
Keywords:	demographic change, older people, technology, baby boomer, consumerism, housing

Abstract

Purpose: To consider the likely needs and priorities of the 1960s baby boomers in later life (defined as those born in this country between 1960 and 1969 inclusive), based on their characteristics outlined in the accompanying paper.

Methodology: A non-systematic search of academic and grey literature plus key policy and statistical data from sources including the Office for National Statistics to identify studies and data relevant to people born in the 1960s in the UK.

Findings: The 1960s baby boomers are characterised by high levels of education and technological proficiency and a youthful self-image. They have longer working lives and display greater levels of consumption than previous cohorts. These attributes will likely make this a highly demanding group of older people. Maintaining their health and function is important to this group so there is scope for products that enable active and healthy ageing. Relatively high levels of childlessness may give rise to innovative housing solutions. At the same time, products that help the baby boomer stay independent at home will help alleviate pressure on social care.

Originality: There has been little examination of the needs of the 1960s baby boomers in the UK. Given that they stand on the brink of later life, it is timely to consider their likely needs as older people. In view of the size of this cohort, this group’s requirements in later life provide a significant opportunity for businesses to fill the current gaps in the market. Moreover, in the context of increasing neoliberalism, innovations that reduce the dependence of this large cohort on the state and facilitate self-reliance will benefit individuals and society.

Introduction

The previous article provided an overview of some key characteristics of the 1960s baby boomers (that is, those born between 1960 and 1969 [inclusive] in the UK)—specifically family and living arrangements, health, education, working lives, retirement patterns, wealth and equity, and technological capabilities. While there are clear differences between this and earlier cohorts of older people, for example, in the numbers who will be living alone and the numbers working in later life, unsurprisingly, they do not amount to transformational changes. Nonetheless, these incremental shifts combined with the size of this cohort, as well as the nature of the era into which its members were born may give rise to a cohort of older people with somewhat different needs and preferences than for those that have preceded it.

In attempting to understand the future needs of the 1960s baby boomers, we first discuss consumerism among the baby boomers and how, possibly related to their levels of consumerism, the baby boomers perceive themselves. We then look at their likely needs and choices for services and products in later life, accounting for the characteristics of this cohort, and their place in a consumer society. Looking to the future, we discuss the implications for maintaining health, the importance of suitable housing and a likely increase in demand for travel and leisure facilities. It is of particular note that this cohort comes into later life at a time of ever shrinking state provision and consequently greater dependence on provision by the private and voluntary sector.

Consumerism among the baby boomers

From the mid to late 20th and early 21st centuries, old age has undergone a significant shift with regards to consumption. After World War II, the household consumption of older people was dominated by fuel, rent, and food (Gilleard *et al.*, 2005; Gilleard and Higgs, 2011) but by 2001, the largest part of spending for British retired couples was leisure, goods and services, with necessities comprising just over one-third (Office for National Statistics, 2002). This profound shift has been attributed to the changes in family, work and cultural identity that have occurred mainly since the 1950s, and which have given rise to ever greater

individualism (Anderson, 1985). Some scholars posit that a third age exists post-retirement—roughly between the ages of 50 and 70— that is unencumbered by family responsibilities and characterised by ‘leisure, pleasure and self-development’ (Twigg and Majima, 2014; p. 24). In their examination of the ‘mature imagination’, Biggs and colleagues even identify the consumption of clothing, fitness and diet (all aspects of appearance) as ‘part of a strategy to manipulate age-identity and relations with younger generations’ (Biggs *et al.* 2007; p. 56).

Consumption among the over 50s is significant. In 2012, the over 50s accounted for £320 billion (47.6%) of UK household expenditure, £100 billion more than in 2003. Consumer spending by this group increased by 4.4% per year over the period from 2003, compared with growth of 1.2% per year for the under 50s. Today’s over 50s hold 60% of the UK’s savings and are responsible for 40% of consumer demand, spending £200 billion per year (Nesta, 2009). In 2016, they accounted for over half of UK household expenditure on clothing and footwear; communication; restaurants, hotels and transport and almost two-thirds of UK household expenditure on recreation and culture; household goods and services; alcoholic drinks; tobacco, narcotics, food and non-alcoholic drinks (**Figure 1**), a year-on-year increase of approximately 9% since 2003. Between 2003 and 2012, expenditure by the over 50s on food and non-alcoholic drinks rose at an average rate of 5.1% per year, increasing from £26.2 billion to £40.8 billion. From 2013 to 2018, this is forecast to accelerate to 6.0% per year, with expenditure reaching £54.8 billion in 2018.

Moreover, approximately one-quarter of all spending on health; recreation and culture; household goods and services; alcoholic drinks, tobacco, narcotics; food and non-alcoholic drinks; transport; restaurants and hotels; communication; and clothing and footwear in 2016 was by people aged 50–64 years old (**Figure 1**). In the UK, people aged 50–74 years are spending twice as much per year on theatre and cinema tickets as the the under 30s (Costello and Acland, 2016). This group’s spending on health has also increased by over 5% per year since 2003 and now stands at £5.7 billion. Over the same period, expenditure on housing rose at an average rate of 7.7% per year, increasing from £20.0 billion to £39.0 billion. By 2030, when the oldest 1960s baby boomer hits 70, it is estimated that the over 65s will account for 25% of the total consumer market (ILC-UK, 2010).

Future consumption is, of course, impacted by savings rates and it has been suggested that national savings rates are too low to support continued consumption (van de Ven, 2011). Van de Ven found that at any given age, family expenditure and disposable income patterns have increased with successive cohorts but there are no trends in domestic saving out of disposable income that are of sufficient magnitude to compensate for the decline in occupational pension provisions that has occurred in the UK since the 1980s (van de Ven, 2016).

In contrast, a 2010 survey by the Department of Work and Pensions (DWP) among baby boomers aged 41–50 years (Humphrey *et al.*, 2011) found that 42% of the 35–49-year-old age group had estimated their likely income from pensions; 44% were saving money for when they were older (defined as 60+) and 32% had started planning when they might stop working. Unsurprisingly, higher earners were more likely than those on lower incomes to have made plans regarding their finances and were more likely to have started saving money for their later lives (Humphrey *et al.*, 2011). Recent pension reforms that allow the over-55s to cash in their savings could release large amounts of cash for the older consumer. At the same time, when considering the future spending power of this group, one cannot forget the ‘Bank of Mum and Dad’. The International Longevity Centre (ILC) report that around 364,000 grandparents have already contributed towards university fees and 1.7 million expect to do so in the future. Others help with offspring who cannot afford to leave the family home; there are, for example, 3.3 million 20–34-year olds currently living with their parents. And still others are helping those children make their first step onto the property ladder. These familial considerations may impact consumer behaviours of the baby boomers in future years.

How the baby boomers perceive themselves

Central to an understanding of their preferences and needs for services and products in later life is some appreciation of how the baby boomers view themselves now and into the future. An examination of the strategies that baby boomers in the UK use to construct identity as

they grow older led Biggs and colleagues to conclude that the baby boomer’s self-image is one that is youthful in outlook but mature in attitude. Baby boomers tend not to identify with their parents’ generation and instead perceive few differences between themselves and the next generation (Biggs *et al.*, 2007). Indeed, Twigg and Majima have noted that there is less difference in aesthetic tastes between young people and boomers today than there was between boomers and their elders in the past (Twigg and Majima, 2014). As noted in a blog for InnovateUK ‘Boomers feel younger than their chronological age and do not like to be targeted on account of their age alone, or at all’ (Costello and Acland, 2016). These traits are likely to shape baby boomers’ preferences for products even as older people.

Priorities in later life

Health and technology

Health is the category in which the over 50s have the largest share of total UK expenditure: of all spending on health in 2016, three-quarters was by people aged 50 years and over (**Figure 1**). We know that maintaining their health is the most important issue to people as they age (Centre for Ageing Better, 2015) and people are clearly prepared to spend to achieve that goal (ActiveAge, 2012). *ActiveAge* reports that one key driver for global consumption is health and wellness (ActiveAge, 2012).

Health is just one item that falls under the umbrella of ‘active ageing’, a recent concept that has become the goal of policymakers and governments across Europe. The United Nations Economic Commission for Europe defines active ageing as ‘growing older in good health and as a full member of society, feeling more fulfilled in our jobs and social engagement, more independent in our daily lives and more engaged as citizens’. A collaboration between Newcastle University’s *Changing Age for Business* programme and *ActiveAge*, a BusinessLab-led collaborative research programme looking at the impact of an ageing demographic on various aspects of society and the role of technology therein (ActiveAge, 2012) concludes that those sectors that help consumers achieve more independent lifestyles are the sectors

likely to benefit from the ageing demographic in a period characterised by an active ageing imperative (Economist Intelligence Unit, 2011).

The baby boomers appear to be aware of how important being active is to their long-term health (Biggs *et al.*, 2007). A 2010 survey (when baby boomers were aged 41–50 years) conducted by the DWP that examined the aspirations for later life of 1,867 adults aged 16+ in Great Britain revealed that participation in most health-promoting activities increased with age, with peak participation among the 65–74-year age group. Moreover, the number of health-promoting activities increased with age, from an average of 5.7 for the 50–59-year age group to an average of 6.4 for the 60–64-year age group (Humphrey *et al.*, 2011).

Though gym memberships and healthy living will hopefully maintain the health and independence of baby boomers well into older age, the physical effects of ageing will inevitably make themselves felt. Data in the accompanying paper has shown that common chronic conditions are afflicting the baby boomers at about the same point in life as for previous cohorts so that they may actually end up living an even greater proportion of their lives with chronic conditions. With the baby boomers eager to maintain independence and function, there is hence an important role for adaptive technology that will compensate for physical and possibly even cognitive deficits (Silverstone, 1996). This includes simple home adaptations, such as grab bars, bath lifts and stair lifts that help with mobility issues and minimise the chance of falls, as well as digital products and services including robotics, monitoring systems, social alarm systems and wireless sensor networks.

The smartphone is a vehicle for much recent innovation (Gretton and Honeyman, 2016) that the technologically proficient baby boomer is well placed to take advantage of. There has been a proliferation in smart phone apps that monitor among other things, calories, heart rate, steps walked, mood and sleep patterns; and provide fitness and nutrition coaching and even guided meditation. Mobile therapy is an evolving area in which an individual can share mental health updates with a clinician via an app. Other potential applications included the monitoring and management of various chronic long-term conditions such as chronic pulmonary artery disease. At-home or portable diagnostics include blood testing

kits, and smart assistive technology includes devices that allow information-gathering about the course of disease progression.

At the same time, advances in surgery are enabling people to continue to live full and productive lives in ways that were not hitherto possible. For example, the number of older adults receiving hip and knee replacements has risen dramatically. In 2016, over 100,000 primary hip replacement procedures were performed in England, Wales and Northern Ireland (National Joint Registry, 2016) with estimates that this will rise by 170% by 2030 (Kurtz *et al.*, 2007). In 2015, a full 15% of the people receiving these procedures were aged 80–89 years. These astonishing increases are not simply because there are many more people who need hip and knee replacements—although a rise in obesity certainly plays a part (Murphy *et al.*, 2010)—but also because of improved surgical techniques that result in less postoperative pain and shorter recovery times. At this juncture, it is worth remembering that it is technological change, including new medicines and techniques, that is the dominant contributor to increases in health care spending (27–48% of health spending growth in the US between 1960 and 2007) and that “ageing” is responsible for only a small fraction of that increase (Appleby, 2013).

Healthy living could encompass the nutritional needs of an older population also. There is an enormous body of knowledge about the nutritional needs of infants and small children and a plethora of products as a result, but nothing that addresses the changing nutritional needs of older people. Specific nutritional concerns in older people relate to protein malnutrition and to deficits of vitamins D and B12 (de Groot, 2016). There is ongoing research on the use of supplements for older people with frailty and sarcopenia, (Denison *et al.*, 2015; Collins *et al.*, 2016) and some evidence that dietary patterns and nutritional components may constitute promising strategies in postponing, slowing, and preventing cognitive decline (Canevelli *et al.*, 2016). Interestingly, Danone has established dedicated research efforts to better understand the needs of older consumers.

Of note, these types of medical and technological advances can bring profound improvements in function and quality of life. However, in our increasing neoliberal society, with its emphasis on self-reliance, those advantages will be accessible to the most

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3 advantaged. Even with our national Health Service, hip replacement in England displays a
4 socioeconomic gradient with the lowest numbers in the poorest group and the highest
5 numbers in the second richest group; interestingly, there were fewer hip replacements
6 among the richest group than the second richest, presumably because of healthier and more
7 active lifestyles in this most advantaged group (Cookson *et al.*, 2015). Socioeconomic
8 disparities in the accessing of new medical technologies could be further exacerbated by
9 changes to the National Health Service and any expansion of private health care.
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20 *Housing*

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22 The fact that more of the 1960s baby boomers will be living on their own in later life than
23 older people from previous cohorts makes housing a particularly important issue. It is well
24 known that the majority of older people wish to remain in a home of their own, whether this
25 is where they are already living, or a home (mainstream or specialised) that they move to.
26 Currently 95% of those aged 65+ live in their own homes. If the 1960s baby boomers are to be
27 able to remain in their own homes, in spite of an appreciable proportion of their lives spent
28 with one or more chronic conditions, then suitable housing is key. In times of increasing
29 austerity, the sheer numbers of the 1960s baby boomer cohort make it essential that they
30 should be given the means to remain at home during their later life. Hence, new homes
31 should be built according to universal design standards that require no modification with age
32 (Nunn *et al.* 2008). The Lifetime Homes Standard
33 ([http://www.lifetimehomes.org.uk/data/files/For_Professionals/accessible_revisedlthstandard](http://www.lifetimehomes.org.uk/data/files/For_Professionals/accessible_revisedlthstandard_final.pdf)
34 [_final.pdf](http://www.lifetimehomes.org.uk/data/files/For_Professionals/accessible_revisedlthstandard_final.pdf)) stipulates 16 design criteria for homes but there are currently no requirements that
35 these are applied. Indeed, homeowners and developers have tended to reject universal design
36 features for fear that they are unattractive and costly (Nunn *et al.*, 2008).
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50 In the absence of age-neutral homes, it would be desirable for older people to embrace home
51 adaptations *before* an accident happens. Suitable home adaptations and adaptive technologies
52 allow older people to stay in their own homes as they age but uptake of adaptations is low
53 and tends to happen only *after* an accident. Moreover, a stigma remains, likely the result of
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negative perceptions that in turn stem from poor design. With the baby boomers having money to spend, and having developed demanding tastes, there is great scope for the development of attractive and unobtrusive adaptations that enable them to live safely at home into late old age. Although products must take better account of age-related realities, product design is key for this cohort and products should not look like assistance devices. Rather, as recommended by the ILC, products, shops and websites should be designed according to principles of inclusive design producing well-designed, attractive products that work for everyone in society (ILC-UK, 2010).

One consequence of a weakened extended family structure that may arise through childlessness and divorce is the richer fabric of social relationships that the older baby boomers may form with their peers (Silverstone, 1996). Innovative co-housing initiatives in later life could be an interesting outcome of this new dynamic. Indeed, Trend-Monitor suggests that cohousing schemes, which allow older people to live independently within a shared community, are set to become mainstream (Trend-monitor, 2016). Also called community-led housing, the sector is reported to be building up to 400 homes per year and there are indications that this sector could expand even further (Heywood, 2016). Some of the potential housing options that are already being implemented in Europe but which can be explored in this country are described in reports by Tinker and colleagues (Tinker *et al.*, 2013a, 2013b).

Travel and leisure

The 2010 DWP survey found that the most common aspiration for later life for 84% of the 35–49-year age group (baby boomers were aged 41–50 years in 2010) was leisure activities and hobbies (Humphrey *et al.*, 2011). Moreover, among those who hoped to partake in leisure or cultural activities at 60+, travel/holidays was by far the activity most aspired to: of the 35–49-year age group 88% were interested in travel when aged 60+, followed by physical activity (76%), reading (52%), visiting art galleries, theatre and museums (53%), gardening (47%) and hobbies, such as painting or crafts (49%).

A study by holiday company Travelsphere in partnership with Mintel Research Consultancy found that older travellers account for more than half of all spending on holidays in the UK (Travelsphere, 2012). In 2010, 40% of all long-haul journeys were taken by people aged 45–64 years and those aged 55+ were more likely than young people to go on a touring holiday. Currently, the over 65s are the busiest of the 45+ group, with 28% taking two foreign holidays per year compared with 19% of British holidaymakers overall. Two-thirds of the over 55s consider their holidays as essential, compared with 50% of the 45–54-year olds and 45% of those under 45. Older travellers are clearly the new globetrotters and it seems unlikely, given the findings of the DWP survey that this trend will change as the 1960s baby boomers enter retirement.

It is surprising then that Barclays Corporate Banking report that 37% of operators in the UK hospitality and leisure sector view the 35–44-year-old age group as their most important in terms of revenue with only small fractions considering any of the older age groups to be most important (Barclays Corporate Banking, 2015). Interestingly, 44% of operators said that the oldest age category spent less on leisure activities than younger age groups, in spite of evidence to the contrary. When asked their reasons for not introducing more products and services for customers aged 65+, 28% responded that they see both little financial opportunity and less demand for their products within this age group. Barclays estimates that by underestimating the spending power of older people in this country, the UK hospitality and leisure sector missed out on at least £16 billion in additional revenues in 2014.

Clothing and cosmetics

As noted previously, clothing is closely linked to identity and the dismantling of barriers based on age with 83% of women asserting that it is important to maintain one's appearance (Biggs *et al.*, 2007). In 2012, the over 50s share of total UK expenditure on clothing was almost 50%. In their examination of purchases of clothes and cosmetics by women in different age groups across the years from 1961 to 2011, Twigg and Majima found a general trend across all age groups towards greater frequency of shopping for clothes over time, a

trend they ascribe to the development of the mass market in clothing. In fact, those aged 75+ in 2011 were shopping for clothes more frequently than the 16–36-year age group had in 1961. Purchases of cosmetics have also increased steadily among the over 75s since 1961 and is now more closely associated with middle-aged and older women than with young women (Twigg and Majima, 2014). There is clearly enormous scope to expand these sectors to meet the needs of the demanding, youthful and consumer-driven 1960s baby boomer.

Conclusions

The 1960s baby boomers brings into later life, high levels of education and technological proficiency and a youthful self-image. They are working longer than previous cohorts and display greater levels of consumption, particularly in the spheres of leisure, travel, clothes and cosmetics and health. It is likely that the size of this cohort, combined with their youthful self-image will make this the most demanding group of older people yet. Their desire to maintain independence and remain active is likely to make them much less accepting of disease and disability and give them high expectations for treatment and management. According to a *Depend* brand manager, ‘past generations were more accepting that they have a condition...The Boomers don’t have that attitude. They demand and expect more’ (ActiveAge, 2012). Indeed, it is likely that the baby boomers will not only embrace, but drive the development of new technologies that enable them to maintain independence. Thus, there is much scope for new products that enable older people to engage in active and healthy ageing, whether gyms, supplements or apps. There is also a market for specialised tours, cruises and package holidays, geared to the older traveler and targeted to specific interests. There is a considerable market for clothing and beauty products. In a rapidly shifting technological landscape, there is a market for support and advice services to help people navigate financial products, understand how to go about home adaptations (whether via the Disabled Facilities Grant or by self-funding (Turner, 2016)), navigate the retirement or care home landscape or understand and manage increasingly complex technology in their own homes. However, improved product design across all sectors is key.

Whether for the design of products or services that will serve older people, it is key to involve older people themselves in decisions both at a macro and micro level. There is now much greater awareness of individual rights and an appreciation that it is important, from both an ethical and practical point of view, to not merely respond to older people but to actively seek their views and to undertake co-design with them. A report from the ILC on research on the consumer marketplace in an ageing society, explicitly recommends that businesses ensure that all age groups, including older age groups are included in their consumer research (ILC-UK, 2010). As Peter Beresford said in the 2014 Age UK report *Improving later life. Services for older people – what works*, 'Older people truly know about their lives first hand. They are in the best position to share what works for them or does not' (Beresford, 2014; p.36).

It is important to remember that broad generalisations about the cohort conceal differences including gender, income, living arrangements, socioeconomic group, health and work status as well as geographical variations. Disparities exist within both young and old cohorts and they are increasing, with potentially far-reaching financial and social implications for our group of baby boomers. Thus, it is essential to ensure that the poorest citizens are not excluded from accessing innovation. Otherwise, innovation will only serve to exacerbate social inequality.

Although this research has provided insights, enabled recommendations and points to some general and policy directions for this group of baby boomers, there is much scope, and indeed necessity, for further research on specific needs and preferences that would help providers. With this huge cohort on the brink of later life and all evidence indicating that they will not be satisfied with the same goods and services in older age that have served their predecessors, there is a huge market opportunity to develop appropriate products to enable healthy and independent living, with benefits for the marketplace, individuals and society.

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Figure legends

Figure 1. Percentage of total spending by sector, for people aged 50–64 years and people aged >50 years, 2016

Working with Older People

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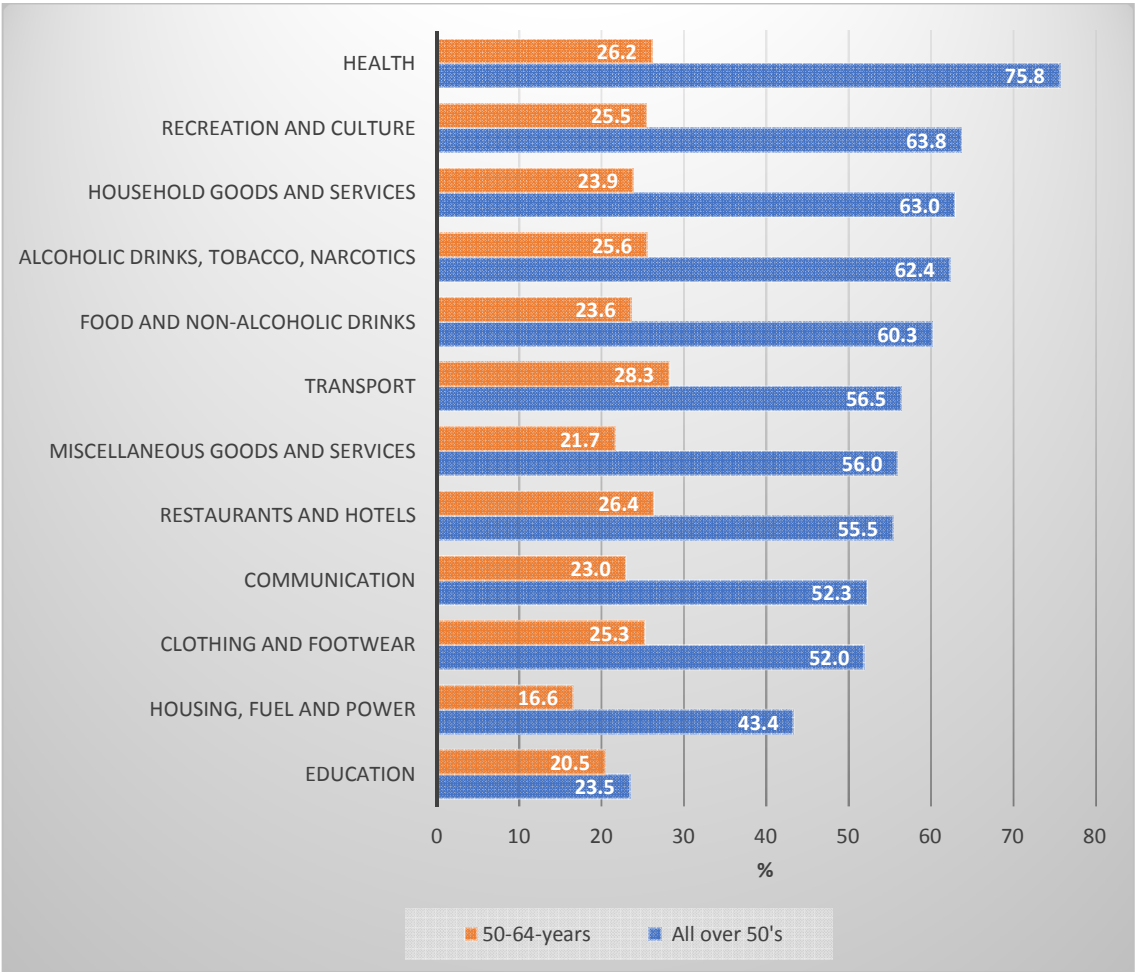
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<https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/expenditure/datasets/detailedhouseholdexpenditurebyageofhouseholdreferencepersonuktablea11>